

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



December 23, 1988

Letter No.: 88-102

TO: All County Welfare Directors
All County MEDS Coordinators
All County MEDS Security Coordinators

SUBJECT: MEDS SECURITY SURVEY

Currently, the Department of Health Services (DHS) is in the process of updating the Medi-Cal Eligibility Data Systems Network (MEDS) Security Coordinator's Guidelines. This is to request your assistance in completing the attached questionnaire which will be used to update the security guidelines and incorporate these into the development of a Safeguards and Control (S/C) Manual.

Background

MEDS information is collected from sources representing federal, state, and county agencies. Security of MEDS information is the joint responsibility of the county and State departments as specified under Welfare and Institutions Code sections 10850 and 14100.2, and Title 22 California Code of Regulations (formerly CAC) sections 50111 and 50109.

MEDS has designed a set of security features in both the batch and online environment and provides additional security considerations for the operation of MEDS in county and State offices. MEDS batch security features verify that only information from authorized sources is used to update MEDS. Online security is provided through a password clearance procedure, assuring that MEDS information and transactions are only available to authorized persons. It is then the responsibility of the county or State office to implement the necessary guidelines to assure the confidentiality of MEDS information within that office.

We are requesting your assistance in completing the enclosed questionnaire which will be used to update the Department's security guidelines.

In order to update security guidelines and develop the S/C manual, we are requesting input from the county welfare departments (CWD) regarding the handling of MEDS equipment and eligibility related material produced by the MEDS Network. This will ensure that security guidelines from the counties and State will coincide with continued changes to the MEDS Network.

The enclosed survey should be filled out and signed by your county's MEDS security officer or person(s) designated to oversee security procedures for MEDS equipment/material. This survey should be fully completed and returned to the address below by January 21, 1989.

All County Welfare Directors
All County MEDS Coordinators
All County MEDS Security Coordinators

Mail Survey to: State Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814
Attention: Michael Guzman

Your continued assistance and cooperation is appreciated. Should you have any questions, please contact Michael Guzman, of my staff at (916) 322-2715.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 5, 1989

MEDI-CAL ELIGIBILITY DATA SYSTEM
SAFEGUARDS AND CONTROLS SURVEY

- 1) Does your county have standard security procedures when handling MEDS equipment and material? YES/NO

If yes, please attach or list: _____

- 2) Does your county assign MEDS security procedures to the MEDS security officer or to a designated person(s)? YES/NO

Please list their names and briefly answer the following questions: _____

- a) Does your county assign individual user ID's? YES/NO

If not, briefly describe your county's procedure? _____

- b) Does your county change individual user I.D.'s? YES/NO

If yes, under what circumstances? _____

- c) When an EW who has been given access to MEDS leaves or changes duty assignments that do not involve accessing MEDS, is his/her password deleted from MEDS? YES/NO

If not, briefly describe your county's procedure? _____

d) Has your county ever experienced any MEDS security violations? YES/NO

If yes, do you report violations to the state MEDS security officer? YES/NO

If not, briefly describe your county's procedure? _____

e) Does your county conduct security reviews of your MEDS operations? YES/NO

If yes, how often are they done? _____

If yes, please describe your county's security review process or attach the format that you follow. _____

3) Do your county's incoming/ongoing employees whose work duties include accessing MEDS information receive an orientation on the following activities:

a) Use of MEDS terminals e.g., turning down terminal brightness at logoff and signing off at the end of a session? YES/NO

b) Confidentiality? YES/NO

c) Responding to telephone inquiries from person(s) outside county welfare department staff? YES/NO

- 4) If your county does have an orientation format or you have answered YES to any of the questions in #3, please attach or briefly describe your county's orientation format covering these issues: _____

- 5) Does your county give periodic MEDS reorientations or refresher courses to EWs who access MEDS? YES/NO

If yes, how often are these given? _____

- 6) Has your county department ever established office procedures/guidelines governing EWs ability to access MEDS for:

- a) performing updates on only records that directly relate to work/need-to-know? YES/NO

If yes, briefly describe: _____

- b) performing inquiries on only records that directly relate to work/need-to-know? YES/NO

If yes, briefly describe: _____

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